



State Personnel Administration



AMERICAN
| GENERAL

Service Request Form

Certificate Number	Insured	Owner (If other than insured)
Address		Phone Number

1. ☐ Change of Beneficiary (Witness must be someone other than beneficiary)

It is requested that the beneficiary under the above Certificate be changed as follows:

Primary Beneficiary	Relationship to Insured
Address	
Contingent Beneficiary	Relationship to Insured
Address	

2. ☐ Change of Name (Please attach official document of name change)

Former Name	New Name
Reason for Change	

3. ☐ Change of Address

Former Address	
New Address	Phone Number